U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Victor A Santiago	Name Teamsters Local Union 404		
	Labor Organization File Number 202533		
P.O. Box, Bldg., Room No., if any P.O. Box 1370	P.O. Box, Building and Room Number, if any		
Street 115 Progress Ave.	Street 115 Progress Ave.		
City Springfield	City Springfield		
State Massachusetts ZIP Code + 4 01101	State Massachusetts ZIP Code + 4 01104		
5. Position in labor organization. Executive Board Member	S CASE Normalism and anticolor and the Control Control and the		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	the state of the s		
Trade Name, if any:	are in the second control of the second cont		
P.O. Box, Bldg., Room No., if any	4 ALLE ANDREW A ARRANGE AND A ALLE AND A ALLE AND A ARRANGE AND A ALLE AND A ALLE AND A ALLE AND A ARRANGE AND A ALLE AND A		
Street	7.b. Amount.		
City	A LA ADMINISTRATION OF THE ADMINISTRATION AND ADMINISTRATION OF THE ADMINISTRATION OF TH		
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the		
Signed Victor A. Sintings	On 08/05/2005 413 781-6326 Date Telephone Number		

Name of Person Filing Victor Santiago	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Teamsters Local 404 H.S.I.P.	D 08		
Trade Name, if any:	a. Labor Organization b. Trust c. Employer		
P.O. Box, Bldg., Room No., if any P.O. Box 1370			
Street 115 Progress Ave.			
City Springfield State Massachusetts ZIP Code + 4 01101			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Provide Health and Welfare Benefits to the		
Name	Local's members.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$3,000,000		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 04/17/2004-04/24/2004		
	* CALVANCE AND		
	2 14 W. Managaran Canada Canad		
	12.b. Amount. \$3,580		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:	Territoria de la constanta de		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Victor Santiago		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incleasing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	5	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Teamsters Local 404 H.S.I.P.			
Trade Name, if any:	a. Labor Organization b. Trust c. Employer		
P.O. Box, Bldg., Room No., if any P.O. Box 1370			
Street 115 Progress Ave.			
Clly Springfield			
State Massachusetts ZIP Code + 4 01101			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	**************************************	
Name	Provide Health and Local's members.	Welfare Benefit	s to the
Trade Name, if any:		·	de amontocomos estados
2.00 - 2.0	According to Associate		To comment a para de la commenta de
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	e of such dealing.	\$3,000,000
City	12.a. Nature of interest held or income received. Reimbursement of expenses incurred attending a Board		
State ZIP Code + 4		g of the Tri Sta	te Joint Fund from
	Enthern some of Authorities of the Authorities of	WATER TO ANGLOSIA WATER TO A STATE OF THE ST	**************************************
	12.b. Amount.		\$1,293
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)		\$1,293]
or from any labor relations consultant to an employer any payment of money	r parts A and B above)		\$1,293
	or parts A and B above) or other thing of value.	Official Control of the Control of t	\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or parts A and B above) or other thing of value.	Performance	\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value.		\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	or parts A and B above) or other thing of value.		\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	or parts A and B above) or other thing of value.		\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or parts A and B above) or other thing of value.	West consistent N. N. N. M. T. Construction and Construction of the Construction of th	\$1,293
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or parts A and B above) or other thing of value.		\$1,293